

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SUSAN SPRANZA

Attorney Docket Nos. SDEV-1-1003, -
1004, -1006, -1007, -1008, -
1009, -1012, -1013, -1015

Serial No.: MULTIPLE (SEE BELOW)

Group Art Unit: N/A

Filing Date: May 27, 2004

Examiner:

Assignee: N/A

Title: N/A

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

**REQUEST UNDER 37 CFR § 1.42 AND 35 U.S.C. 117
IN THE EVENT OF DEATH OR INCAPACITY OF INVENTOR**

Susan Spranza, the widow and the legal representative of deceased inventor Joseph J. Spranza III, requests recognition before the U.S.P.T.O. to prosecute the below currently pending applications for patent as well as maintaining already issued patent in compliance with the requirements and on the same terms and conditions applicable to the now deceased inventor Joseph J. Spranza III. A true and correct copy of Inventor's Death Certificate is included herein as Exhibit A.

Please see the attached true and correct copy of the Order on Trustee's Motion of April 1, 2008 distributing to Susan Spranza the personal property of inventor Joseph J. Spranza III (Exhibit B) including the properties listed in the table below:

O/R:	SERIAL NO.	INVENTORS/ ASSIGNEE	TITLE	FILING DATE
SDEV-1-1003	U.S. Patent Application No. 10/697,444	NAMBA, SPRANZA	SAFETY GUIDE FOR SURGICAL PLACEMENT OF SHARP INSTRUMENTS	10/29/03
SDEV-1-1004	U.S. Patent Application No. 11/416,516	NAMBA, SPRANZA	SAFETY GUIDE FOR SURGICAL PLACEMENT OF SHARP INSTRUMENTS	
SDEV-1-1006	U.S. Patent No. 6,302,887 (09/119,357)	HUENE, SPRANZA	HARDWARE FOR HIGH STRENGTH FASTENING OF BONE	ISSUED OCT 16, 2001
SDEV-1-1007	U.S. Patent No. 6,692,502 (08/669,132)	ERTL, SPRANZA	PROCESS AND INSTRUMENTATION FOR ARTHROSCOPIC REDUCTION OF CENTRAL AND PERIPHERAL DEPRESSION FRACTURES	6/24/96
SDEV-1-1008	U.S. Patent No. 5,954,638 (08/118,810)	SPRANZA	SURGICAL HARWARE FOR HOLDING LIVE TISSUE	ISSUED SEPT 21, 1999
SDEV-1-1009	U.S. Patent No. 6,884,245 B2 (10/127,142)	SPRANZA	HARWARE FOR CUTTING BONE CORES	ISSUED APRIL 26, 2005
SDEV-1-1012	U.S. Patent Application No. 08/546,916	SPRANZA AND/OR ASIGNEE SDI	PINS & PIN DRIVER	10/23/95

SDEV-1-1013	U.S. Patent Application No. 08/546,917	SPRANZA AND/OR ASIGNEE SDI	HARDWARE FOR HOLDING SYNOVIAL TISSUE DURING SURGERY "REFLECTOR"	10/23/95
SDEV-1-1015	U.S. Patent Application No. 11/176,105	SPRANZA AND/OR ASIGNEE SDI		

In accordance with the requirements of an inventor, Susan Spranza herein, and with the executed Power of Attorney documents has designated the law offices of Black Lowe & Graham to represent her before the USPTO.

Respectfully submitted,

Wendy M. Gomber

By: Wendy M. Gomber, Ph.D.
Reg. No. 61,968
Black, Lowe & Graham PLLC
701 Fifth Avenue, Ste. 4800
Seattle, WA 98104
Telephone 206.381.3300
Facsimile: 206.381.3301

Enclosed Exhibits:

Exhibit A-

A true and correct copy of Death Certificate of Joseph J. Spranza III.

Exhibit B-

A true and correct copy of Order on Trustee's Motion of April 1, 2008.

EXHIBIT A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY NO ERASURES, WITNESSES OR ALTERATIONS
VITAL RECORDS

3200731001533

DECEASED PERSONAL DATA		1. NAME OF DECEASED — FIRST (O—) JOHN		3. LAST (O—) SPRANZA III		LOCAL REGISTRATION NUMBER					
		4. DATE OF BIRTH (MM/DD/YY) 05/28/1938		5. AGE YRS. 69		6. DECEASED YEAR Month Day Hours Minutes		7. HOUR (24-HOUR) M			
		8. BIRTH STATE/FOREIGN COUNTRY NJ		10. SOCIAL SECURITY NUMBER 456-58-1181		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARRITAL STATUS (at time of Death) MARRIED			
		13. EDUCATION — Highest Level Completed DOCTORATE		14. DATE OF DEATH (MM/DD/YY) 07/09/2007		15. DECEASED RACE — Up to 3 races may be listed (do not check all boxes)		16. HOUR (24-HOUR) 0115			
		17. USUAL OCCUPATION — Type or Name for area of life DO NOT USE RETIRED DEVELOPER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL INSTRUMENTS		19. YEARS OF OCCUPATION 45					
		20. DECEASED'S RESIDENCE (Street and number or location) 12493 OLD ROUGH AND READY HIGHWAY									
		21. CITY GRASS VALLEY		22. COUNTY/PROVINCE NEVADA		24. ZIP CODE 95545		25. YEARS IN COUNTRY 19		26. STATE/FOREIGN COUNTRY CALIFORNIA	
		27. INFORMANT'S NAME, RELATIONSHIP SUSAN SPRANZA, WIFE				28. INFORMANT'S MAILING ADDRESS 12493 OLD ROUGH & READY HWY, GRASS VALLEY, CA 95545					
		29. NAME OF SURVIVING SPOUSE — FIRST SUSAN		30. MIDDLE MARGARET		32. LAST (Deceased Name) ILLGEN					
		31. NAME OF FATHER — FIRST JOSEPH		32. MIDDLE JOHN		33. LAST SPRANZA JR		34. BIRTH STATE NJ			
		35. NAME OF MOTHER — FIRST ELIZABETH		36. MIDDLE		37. LAST DROST		38. BIRTH STATE NJ			
FUNERAL DIRECTOR LOCAL REGISTRAR		39. DEPOSITION DATE (MM/YY) 07/15/2007		40. PLACE OF FINAL DISPOSITION UCSF WILLED BODY PROGRAM, 513 PARNASSUS, SAN FRANCISCO, CA 94143-0902							
		41. TYPE OF DISPOSITION SU		42. SIGNATURE OF DIRECTOR NOT EMBALMED		43. LICENSE NUMBER				44. SIGNATURE OF LOCAL REGISTRAR RICHARD J. BURTON, MD	
PLACE OF DEATH		101. PLACE OF DEATH SUTTER AUBURN FAITH HOSPITAL		102. IF HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> COA <input type="checkbox"/> Member <input type="checkbox"/> Nonmember <input type="checkbox"/> Doctor <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL SPECIFY ONE					
		104. CITY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND 11815 EDUCATION ST		106. CITY AUBURN					
CAUSE OF DEATH		107. CAUSE OF DEATH (Indicate the cause of death — disease, injury, or complication — that directly caused death. DO NOT enter terminal condition such as coma, stupor, or death resulting from another cause during the course. DO NOT abbreviate.) IMMEDIATE CAUSE → METASTATIC CANCER OF UNKNOWN PRIMARY		108. DEATH REPORTED TO CORONER Death Date <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No WEEK		109. DEATH REPORTED TO CORONER Death Date <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No WEEK					
		110. PRECEDING OR COMPLICATING CONDITIONS (List conditions preceding or complicating the death, if any, up to three conditions. Indicate the date each started and ended.) COPD Hypertension Diabetes Stroke Heart Disease Other Indicates Date Started Last		111. AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
PARTICIPANTS CERTIFICATION		113. WAS OPERATION PERformed ON DECEASED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain CT BIOPSY 05/10/2007		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain				116. DATE (MM/YY) 07/12/2007	
		116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FOR THE CAUSES STATED. Deceased Attended State Deceased Last Seen After 06/24/2007 07/08/2007		117. SIGNATURE AND TITLE OF CERTIFIER LARS JAKOB JAKOBSEN M.D.		118. THE LICENSE NUMBER G77316		119. DATE (MM/YY) 07/12/2007			
		120. ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 3111 PROFESSIONAL DRIVE, AUBURN, CA 95603									
CERTIFICATION COURT'S USE ONLY		121. I CERTIFY THAT MY OWNERSHIP DATA IS ACCURATE AT THE HOUR, DATE, AND PLACE STATED FOR THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		122. INJURED AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		123. INJURY DATE (MM/DD/YY)		124. HOUR (24 Hours)			
		125. PLACE OF INJURY (e.g., home, workplace, etc., located area, etc.)		126. INJURED AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		127. INJURY DATE (MM/DD/YY)		128. SIGNATURE OF CORONER / DEPUTY CORONER		129. DATE (MM/YY)	
130. SIGNATURE OF CORONER / DEPUTY CORONER		131. DATE (MM/YY)		132. SIGNATURE OF CORONER / DEPUTY CORONER		133. DATE (MM/YY)		134. SIGNATURE OF CORONER / DEPUTY CORONER		135. DATE (MM/YY)	
STATE REGISTRAR		A	B	C	D	E	F	G	H	I	J

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF PLACER } SS DATE ISSUED

07/24/2007

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

000236391

Richard J. Burton, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

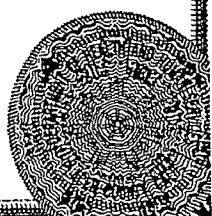


EXHIBIT B

2004-25484

FILED

April 01, 2008

CLERK, U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

0001147089

2
1 Michael F. Burkart, Chapter 7 Trustee
2 5150 Fair Oaks Blvd., #101-185
3 Carmichael, CA 95608
4 Tel: (916) 485-0412
5 E-mail: burkart@cwo.com

5 UNITED STATES BANKRUPTCY COURT
6 EASTERN DISTRICT OF CALIFORNIA
7 SACRAMENTO DIVISION

10 In re:

11 JOSEPH J. SPRANZA,

12 Debtor.

Case No. 04-25484-A-7

DCN: MFB - 6

DATE: March 31, 2008

TIME: 9:00 A.M.

DEPT: A

COURTROOM: 28 (7th Floor)

15 ORDER ON TRUSTEE'S MOTION TO APPROVE A DISTRIBUTION IN KIND
16 TO THE SOLE REMAINING CREDITOR

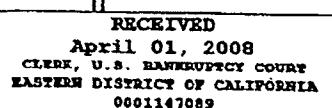
17 The Motion of Michael F. Burkart, being the duly appointed Chapter 7 Trustee (the "Trustee")
18 in the above-captioned case of Joseph J. Spranza (the "Debtor"), requesting an order authorizing the
19 distribution in kind concerning the personal property held under the Bankruptcy Estate, was heard
20 pursuant to this Court's regular Law and Motion calendar on March 31, 2008. The Trustee appeared
on his own behalf at the hearing. Other appearances were noted on the record.

21 There was no opposition filed nor argued at the hearing with regard to the Trustee's Motion
22 requesting an authorization of the distribution in kind of the remaining Personal Property.

23 The Court, having duly considered the Trustee's Motion and the Court's file herein, and good
cause appearing therefor, ordered as follows:

24 IT IS HEREBY ORDERED THAT:

25 A. The Trustee's Motion for an order authorizing the distribution in kind concerning the
26 remaining Personal Property held under the Bankruptcy Estate is granted.



1 B. The Trustee is authorized to distribute the remaining Personal Property of the Estate to
2 Susan Spranza as provided under Proof of Claim No. 8, filed on January 24, 2008.

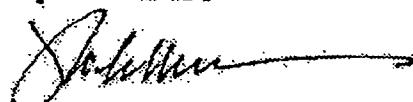
3 C. Immediately upon entry of this order, the following described Personal Property of the
4 Estate shall be distributed in kind to Susan Spranza:

- 5 • Stock ownership in Special Devices, Inc.(SDI)
- 6 • Special Devices owes past due wages
- 7 • Special Devices owes personal loans
- 8 • Misc. Patents:
 - a) Personal patent (promised to be assigned to SDI) - Flexi
 - b) Shared patent (promised to be assigned to SDI) - AFRS, TOB
 - c) Co-owned (licensed to SDI) - Safe Trochar
 - d) 3rd party ownership (licensed to SDI) - Bone Biopsy
 - e) Patent application (to be assigned to SDI) - Trepbine
- 9 • 1980 Rolls Royce Camargue
- 10 • Moto Guzzi motorcycle
- 11 • 1957 Alfa Romeo Spider
- 12 • 1980 Maserati Quattro Porte
- 13 • 1991 Chrysler TC
- 14 • Misc. equipment used exclusively by SDI

15 D. The Trustee is authorized to execute any and all documents necessary to complete the
16 distribution of the remaining Personal Property of the Estate.

17 Dated: 01 April, 2008

18 By the Court



19 Michael S. McManus, Chief Judge
20 United States Bankruptcy Court